

EFT WAIVER

Instructions - This form should be completed and signed by the Purchaser

A	Choose the option which best indicates the reason for granting the waiver:
<input type="checkbox"/> Hardship (Individuals only) <input type="checkbox"/> One Time <input type="checkbox"/> Sole Source Provider <input type="checkbox"/> Other (<i>Provide an explanation below.</i>)	
B	Signature of Purchaser.
Signature: _____ Date: _____	
C	Information needed to input the supplier into the vendor file.
Company or Individual Name: _____	
Tax ID Number: _____	
DUNS Number: _____	
Address: _____	
Phone #: _____	

For more information see <http://www.fms.treas.gov>

Search under: Accelerated Payments

31CFR Part 208

Section 208.4 - Waivers

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to provide entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may delay payment processing.